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ABSTRACT

This Kids Count report consists of four issues in a series of fact sheets that examine specific indicators of the well-being of children in South Dakota. Issue one focuses on teens and motor vehicle crashes. The fact sheet notes that teen death rates from car crashes have been higher than the national rate for 4 of the 5 years between 1992-1996. Specific areas examined include state legislative history, adolescent safety belt use, adolescent drinking and driving, teen speeding, and other circumstances contributing to crashes. Issue two focuses on teens and smoking, finding that South Dakota teens rank among the highest in the nation in reported tobacco use. Specific areas examined include tobacco addiction costs, middle school tobacco use, high school tobacco use, use of smokeless tobacco, and state legislative actions. Issue three focuses on use of child restraint systems and adolescent safety belt use, and finds that the leading cause of child deaths is motor vehicle crashes. Specific areas examined include safety equipment for children younger that 5 years, child booster seat use, legislative history, and seat belt use by adolescents and teens. Issue four focuses on Children's Health Insurance Program (CHIP). Specific areas examined include health insurance, history of CHIP, eligibility, and services offered. (SD)

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# Facts on Kids in South Dakota, 2000

Pat Goebel, Ed.; Amy Blad, Ed.

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# Facts on Kids in South Dakota

## Teens & Motor Vehicle Crashes

South Dakota kids count

Issue No. 1 Qtr 00

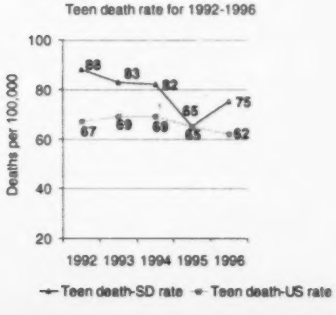
*Data in this issue are from the South Dakota Department of Transportation, the Youth Risk Behavior Survey, and the Crash Outcome Data Evaluation System (CODES) Project. More information about the data can be found at the end of the issue.*

### Introduction

This is the first in a series of **Facts on Kids in South Dakota**. Each issue will take a look at a specific indicator of child well being. Data and state and federal legislation will be discussed to provide the reader with a broad yet in-depth view of the state of children and youth in South Dakota.

The focus of this issue is teens and motor vehicle crashes. Teen violent death is defined as the number of deaths from homicides, suicides, and crashes involving teens ages 15-19 years per 100,000 teens. The major cause of death for children and teens is motor vehicle crashes. Studies show two actions can lessen motor vehicle deaths and injuries: wearing safety belts and not drinking and driving. Wearing seat belts reduces the risk of fatal motor vehicle injuries by 45% and moderate to critical injuries by half.[1] Forty-one percent of fatalities occur in alcohol involved crashes; 20% of all injuries are from alcohol involved motor vehicle crashes.[2]

The graph below shows data from the 1999 KIDS COUNT Data Book, published by the Annie E. Casey Foundation. Teen death rates for South Dakota have been higher than the national rate for four of the five years.




### South Dakota's New Licensing Law[3]

In South Dakota, fourteen-year-olds were, until recently, able to drive under restricted hours without another licensed driver present and without the benefit of driver education or instruction. South Dakota's new "Graduated Licensing" law took effect January 1, 1999. The new laws provide for levels of licensing as described below.

Instruction Permit: All drivers under the age of 18, who have not held a valid drivers license for 180 consecutive days, will be required to drive under an "instruction permit" for 180 consecutive days, without any traffic violations, before they can move up to the next level of licensing. The length of time required for holding the instruction permit will be reduced to three months if the person successfully completes an approved driver education program. The instruction permit allows the person to drive only with a licensed driver who is at least 18 years of age, who has one year of driving experience, and is occupying the seat beside the driver.

Restricted Permit: All drivers at least 14 and less than 18 years of age, who have completed the requirements of the instruction permit, can graduate to the "Restricted Permit". The restricted permit allows the young driver to operate the motor vehicle between the hours of 6am and 8pm standard time, with permission of the driver's parents, and during the hours of 8pm and 6am if the minor's parent or guardian is in the seat beside the minor providing supervision.

Operator's License: Once the young driver has reached 16 years of age, they can apply for an

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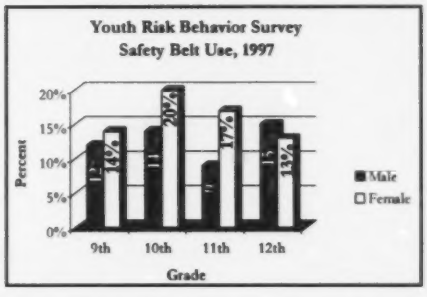
"Operator's License" if they have met the requirements of the instruction permit and have driven violation free for the previous 180 days. Once a person reaches the age of 18, they are automatically eligible for an operator's license.

## Adolescent Safety Belt Use

Students reported, on the Youth Risk Behavior Survey (YRBS), the following information about their use of safety belts:

YRBS responses by grade for male and female respondents for 1997 showed the following:



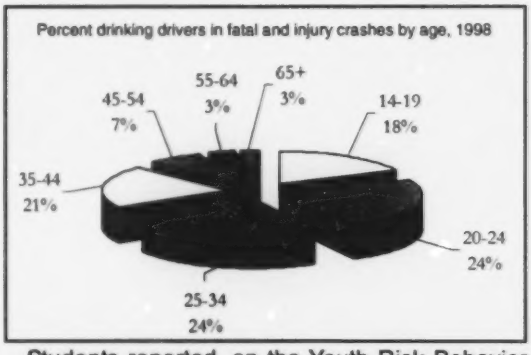

In the 1993 YRBS 6% of males and 9% of females reported always wearing a safety belt when riding in a car driven by someone else. For 1997 the percentages rose to 12% of males and 16% of females wearing safety belts.

## Legislative History - Safety belts

There is considerable history behind the current South Dakota safety belt legislation. From 1976 to 1982, no legislation was introduced to require usage for adolescents. However, from 1983 through 1994 when a secondary law was passed, fourteen different bills concerning safety belt usage were introduced. Currently, South Dakota requires seat belts be worn by all front seat passengers.

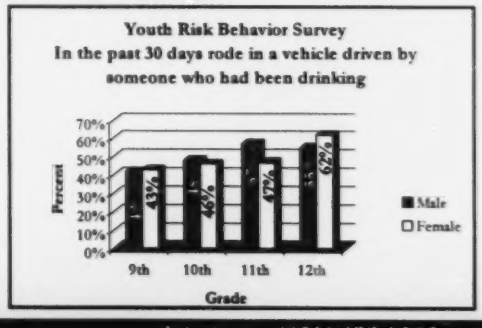
## Adolescent drinking and driving

According to the 1998 South Dakota Motor Vehicle Traffic Accident Summary Report, **about 10% of licensed drivers in the state are age 14 to 19** yet they represent **18% of the drinking drivers** in fatal and injury crashes.




Students reported, on the Youth Risk Behavior Survey, the following information about drinking and driving:

The 1997 YRBS responses by grade for riding in a vehicle driven by someone who had been drinking showed the following:

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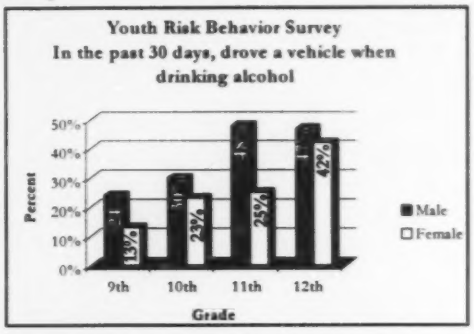
The 1997 YRBS responses by grade for driving a vehicle after they had been drinking showed the following:

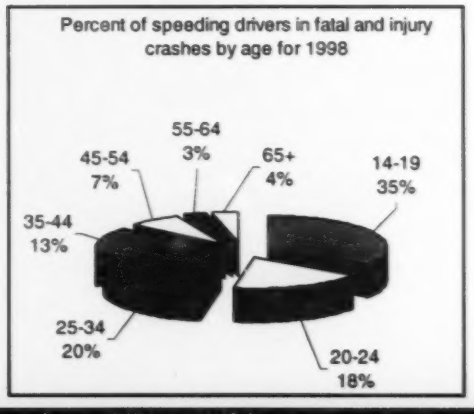



## Legislative History – Drinking and driving

South Dakota's new zero-tolerance law for underage drinking and driving became effective on July 1, 1998. Under this law, anyone under 21 who has at least .02% of alcohol in their blood while in control of a motor vehicle can lose their license for 6 months, or one year for a subsequent offense. Refusing to submit to a chemical test can result in a one-year revocation of the individual's license.

## Teen speeding while driving

According to the 1998 South Dakota Motor Vehicle Traffic Accident Summary Report, **about 10% of licensed drivers in the state are age 14 to 19** yet they represent **35% of the speeding drivers** in fatal and injury crashes. The chart below shows, for 1998, speeding drivers in fatal and injury crashes by age groups.




## Contributing circumstances to crashes

The data clearly indicate that teens are overrepresented in drinking and driving and speeding crashes as compared to their percent of licensed drivers. An added factor is lack of experience. The CODES data indicate that the top five contributing circumstances for crashes were:

1. Failure to yield
2. Exceeding safe speed but not limit
   (e.g. conditions warrented slower speeds than posted)
3. Following too closely
4. Exceeding speed limit
5. Distracted by object/person

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### Advocacy Information from the South Dakota Coalition for Children

South Dakotans can take further steps to reduce the teen violent death rate and provide support to teen drivers. The South Dakota Coalition for Children, a statewide member-based organization dedicated to shaping policies and programs that ensure the well-being of all South Dakota children, recommends:

❶ requiring all passengers to wear safety belts when riding in passenger vehicles.
❷ requiring high schools to offer drivers education at no or very low cost (currently drivers education is not required; a patchwork of availability exists with some districts not offering it at all; costs range from free in some districts to as much as $195 in other districts).
❸ requiring driver's education as a condition for getting a driver's license.
❹ encouraging parents to instruct youth in the top contributing circumstances for motor vehicle crashes.

These advocacy measures and the graduated licensing law passed in the 1999 Legislative session should be monitored for effectiveness in reducing teen motor vehicle fatalities and injuries. If these measures do not prove successful in reducing fatalities and injuries, the beginning age for driving should be reviewed by policy makers.

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**Data sources and information**

**The Youth Risk Behavior Survey (YRBS)** is a questionnaire that assesses six priority health risk behaviors, which result in the greatest amount of morbidity, mortality, and social problems among youth. A sample of all public, private and Bureau of Indian Affairs (BIA) schools in South Dakota containing students in grades 9, 10, 11, and 12 are eligible to be selected for inclusion. **Contact: Laurie Jensen-Wunder, Program Coordinator, HIV/AIDS Prevention Education.**
**www.state.sd.us/state/executive/deca/COMSER/index.htm**

**Youth related traffic crashes** data is from the **Department of Transportation, Accident Records Office**. 1998 South Dakota Motor Vehicle Traffic Accident Summary.
**www.state.sd.us/dot/Accident**

**The Crash Outcome Data Evaluation System (CODES)** project links South Dakota accident records with other databases to get a clearer picture of crash data in the state. Through data linkage, a more complete picture of crash data can be seen.
**www.usd.edu/brbinfo**

**The South Dakota Coalition for Children (SDCC)** mission is to strive to shape policies and programs to ensure the well-being of all children in South Dakota. **www.dakota.net/~sdcc**

**The South Dakota KIDS COUNT Project** is a national and state-by-state effort, sponsored by the Annie E. Casey Foundation, to track the status of children in the United States. A major goal of KIDS COUNT is to foster a nationwide commitment to improving outcomes for vulnerable children and their families. Data indicators measure the education, social, economic, and physical well-being of children. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for children and families. Additional funding for the state project comes from the South Dakota Departments of: Education and Cultural Affairs, Health, Human Services and Social Services.
**www.usd.edu/brbinfo/brb/kc**

Special Thanks to:
Pat Goebel and Amy Blad for proofing & editing
Briana Nelson for assisting with disseminating this edition

**Notes:**

[1]National Highway Traffic Safety Administration. Final Regulatory Impact Analysis: Amendment of FMVSS No. 208 - Passenger Car Front Seat Occupant Protection. Washington DC: U.S. Department of Transportation, 1984.

[2]National Highway Traffic Safety Administration. The Economic Costs of Motor Vehicle Crashes, 1994. Washington, DC: U.S. Department of Transportation. 1995.

[3]South Dakota Office of Highway Safety website. **www.state.sd.us/dcr/hs/newlaws.htm**

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# Facts on Kids in South Dakota

## Teens & smoking

South Dakota kids count

Issue No. 2 Qtr 00

*Data and information in this issue are from the South Dakota Youth Tobacco Survey Report 1999 which was funded by the Division of Alcohol and Drug Abuse (SD Department of Human Services); the National Youth Tobacco Survey 1999; South Dakota Youth Risk Behavior Survey Report 1999 and the South Dakota Tobacco-Free Kids Network. More information about these organizations and copies of the reports where the data was obtained, can be found at the end of the issue.*

### Introduction

This is the second in a series of Facts on Kids in South Dakota. Each issue will take a look at a specific indicator of child well being. To provide the reader with a broad yet in-depth view of the state of children and youth in South Dakota, data and state and federal legislation will be discussed. The focus of this issue is *teens and smoking*.

Cigarettes were considered a symbol of popularity and social acceptability during the first half of the twentieth century[1]. A limited number of behaviors contribute to early death and smoking is one of those behaviors. Our health is critically linked to the health-related choices we make. Studies show that adolescence is the key period when the decision is made to smoke. Almost 90% of adult smokers began at or before age 18 and each year 3,000 youth in South Dakota become new smokers[2]. This statistic has enormous implications for the health of our youth.

### South Dakota Addiction Problem[2]

- South Dakota teens rank among the highest in the nation in reported tobacco use. Forty-four percent of high school students are current smokers, a 42% increase in six years.
- 3,000 children become new smokers each year in South Dakota.
- 74% of Native American teens in South Dakota reported tobacco use in the last 30 days.
- Nearly 23% of pregnant women smoke, 40 percent higher than the national average.
- South Dakota had the highest rate of increase in adult smoking in the nation between 1996 and 1998. This increase meant 36,000 new smokers over a three-year period.
- 36% of adult men smoke, the highest rate in the nation.
- Nearly 90% of adult smokers became addicted as children.
- Tobacco use is the leading cause of preventable death. It accounts for 1 of every 6 deaths in South Dakota, more than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined.

### Tobacco Addiction Costs Everyone[2]

- Tobacco use costs South Dakotans over a quarter of a billion dollars ($290 million) annually in health and other costs – the equivalent of $400 for every man, woman and child in South Dakota.
- Of that $290 million, an average of $170 million annually is directly related to tobacco use-health care expenditures by individuals, families, businesses, and government in South Dakota.

Non-health costs are estimated to cost $120 million annually in work productivity losses, property loss, fires, and maintenance costs. An estimated $80 million of the total cost to South Dakotans is paid in state and federal taxes used for tobacco-caused health costs.

- Infant health problems caused by mothers' smoking or exposure to second-hand smoke during pregnancy are estimated at $4 million to $11 million annually.
- Tobacco use is estimated to cost the state Medicaid program more than $20 million annually based upon 1993 data.

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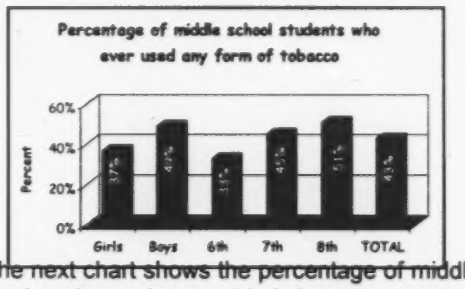
## Middle School Students: A Profile[3]

*Note: Middle school students are in grades 6 - 8, 12-14 years old.*

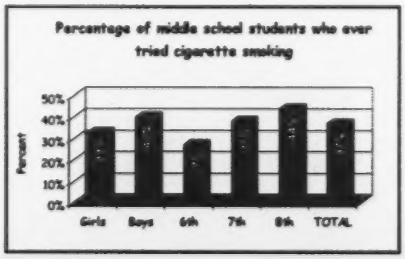
Recognizing that middle school is a critical period for the initiation of tobacco use, the Division of Alcohol and Drug Abuse (SD Dept. of Human Services) conducted the 1999 Middle School Youth Tobacco Survey (YTS). The YTS was developed by the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health to assist states with their tobacco control programs. The YTS is a 59-item questionnaire that assesses seven tobacco related topics. All public, private, and BIA schools in the state containing students in grades 6, 7, or 8 were eligible to be selected for inclusion in the sample.

According to the 1999 National Youth Tobacco Survey about one in eight, 13%, of middle school students reported using some form of tobacco in the past month. For South Dakota the figures are 16%.

The following shows the percentage of middle school students who ever used any form of tobacco. The percentage of 8th grade students is significantly higher than that of the 6th grade students.



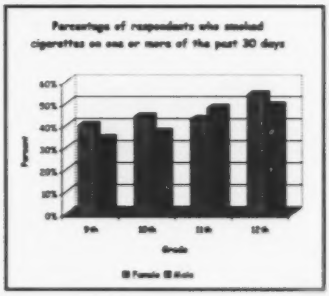

The next chart shows the percentage of middle school students who ever tried cigarette smoking.



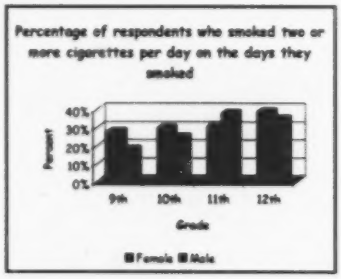

## High School Students: A Profile[4]

*Note: High school students are in 9-12 grade, 15-18 years old.*

According to the South Dakota Youth Risk Behavior Survey (SD-YRBS) 44% of respondents stated that they smoked a cigarette on one or more of the past 30 days. The following chart shows the responses by grade.




The YRBS also asked respondents if they smoked two or more cigarettes per day on the day they smoked. The responses by year are shown in the following chart.




Combining the results of the 1999 South Dakota Youth Tobacco Survey and the 1999 South Dakota Youth Risk Behavior Survey shows the progression of middle school and high school students who smoked on at least one day during the past month. *(Note: the survey's were administered six-months apart. This needs to be considered when comparing the observed differences between the percentage of middle school and high school students who are current smokers[4].)*

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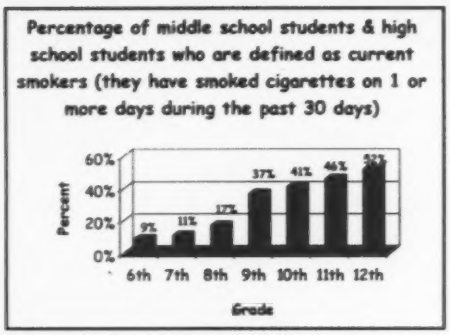


## Trying to quit smoking

Both the SD YTS and the SD YRBS asked respondents if they have tried to quit smoking. The percentage of middle school students who now smoke and want to completely stop smoking cigarettes was 67%.

The SD YRBS asked respondents if they ever tried to quit smoking. Thirty-eight percent of respondents stated they had tried to quit.

## Tobacco-more than just cigarettes

While cigarettes are the most common form of tobacco, other products used by youth and adolescents are smokeless, chew, cigars, bidis, and kreteks. Smokeless or chew: South Dakota ranked as one of the highest states for smokeless tobacco use among high school boys[4], almost 26%. Cigars: The cigar fad has reached kids. In 1997, 31.2% of boys and 10.8% of girls in grades 9-12 reported having smoked a cigar at least once in the last 30 days[5]. Bidis (or Beedies): Bidis are small, brown, hand-rolled cigarettes consisting of tobacco wrapped in a tendu or temburni leaf. They come in packages of 20 and are available in different flavors. Adolescents in one study reported their preference for the taste of bidis over cigarettes and their belief that bidis are less expensive, easier to buy, and safer than cigarettes. However, when tested on a standard smoking machine, bidis produced higher levels of carbon monoxide, nicotine, and tar than cigarettes. Kreteks: These are clove cigarettes that are made in Indonesia. The name is derived from the occasional cracking of the burning cloves. Depending upon the manufacturer and brand, they contain approximately 60% tobacco and 40% ground cloves. Exposure to tar, nicotine, and carbon monoxide is higher from clove cigarettes than from regular American cigarettes.

## Tobacco Settlement

In 1998, 46 states settled a suit against several tobacco-manufacturing companies. South Dakota will receive approximately $25 million annually for at least the next 25 years. However, those amounts can change depending on tobacco sales and price. Thus far, the state has received about $16 million and expects another $12 million in April.

The state is also eligible to apply for funding from the newly created American Legacy Foundation, which provides states that participated in the multi-state tobacco settlement with additional funding for state and local programs.

The governor and the legislature have complete discretion over the use of the tobacco settlement funds; there are no requirements to use the funds to offset future costs linked to tobacco use.

The U.S. Centers for Disease Control and Prevention recommends that South Dakota would need to spend roughly one-third of its annual tobacco settlement payment (about $8.6 million annually) to fund a comprehensive, sustainable, and accountable tobacco control program.

## State legislative actions

A summary of the tobacco legislation signed by Governor Janklow follows.

- $1.7 million in new state funds for tobacco prevention and control in the next fiscal year;
- the creation of an advisory board to work with the Department of Human Services in setting priorities, establishing grant criteria and assessing program performance;
- annual reporting to the Governor and Legislature on progress in achieving goals;
- creation of a tobacco prevention trust fund into which funds may be placed for tobacco prevention programs.

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**Data sources and Information**

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**www.state.sd.us/state/executive/deca/COMSER/index.htm**

**The South Dakota Tobacco-Free Kids Network** is a statewide alliance of health, medical, education, parent, youth, law enforcement and other civic organizations dedicated to advocating for laws, policies and funding of effective programs that will result in significant reductions in tobacco use and addiction, especially among children and high risk groups.
1212 West Elkhorn St, Suite 1, Sioux Falls, SD 57104,
phone: 800.873.5864, fax: 605.336.7227.
**www.sdtobaccofree.org**

**SD Department of Human Services, Division of Alcohol and Drug Abuse, SD Tobacco Education Project.**
Carmen Smith Project Coordinator. Hillsview Plaza E. Hwy 34 c/o 500 East Capitol, Pierre, SD 57501 Phone: 605-773-3123 Fax: 605-773-7076. carmen.smith@state.sd.us
**www.state.sd.us/dhs/dhs.html**

**The South Dakota KIDS COUNT Project** is a national and state-by-state effort, sponsored by the Annie E. Casey Foundation, to track the status of children in the United States.

**By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for children and families. Additional funding for the state project comes from the South Dakota Departments of: Education and Cultural Affairs, Health, Human Services and Social Services.**
**www.usd.edu/brbinfo/brb/kc**

Notes:

1 CDC, "Tobacco Use-United States, 1900-1999," Morbidity and Mortality Weekly Report (MMWR) 48(43): 986-993 (November 5, 1999)

2 South Dakota Tobacco-Free Kids Network. South Dakota's Tobacco Epidemic at a Glance.

3 Schubot, D. B. (2000) South Dakota Youth Tobacco Survey Report 1999. Pierre, SD: Division of Alcohol & Drug Abuse, SD Department of Human Services.

4 Schubot, D. B. (2000) South Dakota Youth Risk Behavior Survey Report 1999. Pierre, SD: Coordinated School Health Program, Department of Education & Cultural Affairs and the Division of Alcohol & Drug Abuse, SD Department of Human Services.

5Campaign for Tobacco-Free Kids website **www.tobaccofreekids.org**

Special Thanks to:
[illegible]
Brana Nelson for assistance with dissemination of this edition.

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# Facts on Kids in South Dakota

## Use of child restraint systems & Adolescent safety belt use

Issue No. 3 Qtr 00

*Data and information in this issue are from the South Dakota Department of Transportation, the SD CODES Project and the South Dakota Coalition for Children (SDCC). More information about these sources can be found at the end of the issue.*

***A note about the use of the word "accident".***

*The State & Territorial Injury Prevention Directors Association (STIPDA), in 1998, passed a resolution to eliminate the term "accident", when referring to motor vehicle collisions, and utilize the term "crash". This was based, in part, on the National Highway Traffic Safety Administration (NHTSA) announcement that it wants to educate the public that motor vehicle injury is preventable. The reasoning is that unintentional injury is a major source of trauma in the United States and motor vehicle crashes are a leading cause of unintentional injury. By replacing the term "accident" with the more accurate term "crash" motorists may begin to recognize that motor vehicle injury is preventable. For more information log on to:*

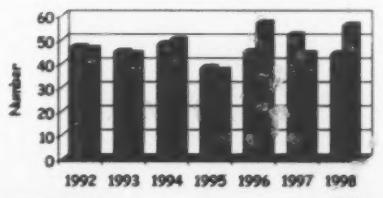
**www.injuryprevention.org/stipda/resol/98term.htm**

### Introduction

This is the third in a series of **Facts on Kids in South Dakota**. Each issue takes a look at a specific indicator of child well being. Data and state and federal legislation will be discussed to provide the reader with a broad yet in-depth view of the state of children and youth in South Dakota. The focus of this issue is the use of child restraint systems and adolescent safety belts.

The following chart shows the number of child and teen deaths in the state for 1993 through 1998.

Number of child and teen deaths by year




Source: 1993-1999 South Dakota KIDS COUNT Factbooks

It is important to examine the causes of death of children and teens. Deaths from accidents, homicides, or suicides are potentially preventable. These deaths can also be a measure of the ability of teenagers to make safe and healthy choices regarding their lives. Motor vehicle accidents account for more than half of teen deaths. The leading cause of child deaths is motor vehicle crashes.

### Safety equipment & children under age 5

Since 1984 when South Dakota's Child Passenger Restraint law took effect, there have been 36 deaths to occupants under age 5. There were 130 children under age 5 injured in 1999, compared to 118 in 1998.

The following chart shows the number of fatalities and injuries to motor vehicle occupants under age 5 for 1999.

**1999 fatalities and injuries to children under 5 years of age by safety equipment used**

| | Fatalities | Injuries |
|---|---|---|
| No safety equipment | 0 | 35 |
| Lap belt only | 0 | 10 |
| Shoulder harness only | 0 | 0 |
| Lap belt/shoulder harness | 0 | 29 |
| Child restraint used properly | 1 | 46 |
| Child restraint not used properly | 0 | 4 |
| Other | 0 | 0 |
| Not known or stated | 0 | 6 |
| **Total** | **1** | **130** |

### Child booster seats

Once children outgrow their forward-facing child safety seats many parents mistakenly believe that an adult seat belt is good enough. The reality is that all children between about 40 to 80 lbs. and less than 4'9" tall should be in a booster seat. Adult seat belts can be dangerous when used alone if the child is too small. A child who cannot sit with his or her back straight against the vehicle seat back cushion, with knees bent over a vehicle's seat edge without slouching, needs a booster seat. The shoulder belt

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cuts across their necks and the lap belt rides up into their soft bellies. In a crash, this can cause serious or even fatal injuries. A booster seat positions the adult-designed seat belt correctly and safely – and offers children greater comfort and visibility.

Parents can have their child safety seats inspected by a trained and certified technician in their community. To locate a certified technician in your area, contact Marianne Gabriel, SD Office of Highway Safety, at (605) 773-4493 or e-mail address Marianne.Gabriel@state.sd.us.

**Federal Legislation**

On September 1, 1999 a new Federal motor vehicle safety standard required motor vehicle manufacturers to provide motorists with a new way of installing child restraints. Vehicles [passenger cars, except convertibles] will be equipped with child restraint anchorage systems that are standardized and independent of the vehicle seat belts. Beginning September 1, 2000, all new vehicles, including light trucks, minivans, and SUV's will be equipped with the top tether attachment mounting.

An easy-to-use anchoring system that is independent of the vehicle seat belts makes a more effective child restraint thereby increasing child safety. The top tether strap helps limit movement of a child's head in a forward crash and reduces the risk of injury.

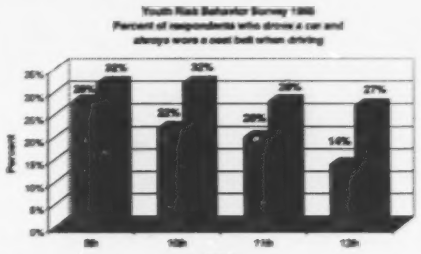
**Passenger Restraint of Children and the Law**

As of July 1, 1998, all children under the age of 5, who do not weigh at least 40 pounds, are required to be in an infant only, toddler or booster child safety seat. This amended South Dakota law applies to all drivers, regardless of what state they are licensed in. Children covered by the law may not be removed from the seat for any reason while the vehicle is moving.

Groups throughout South Dakota provide child safety seats to families in need. Funding is provided, through the Governor's Child Safety Seat Distribution Program. Currently, there are 74 agencies distributing child safety seats to low income families in South Dakota. To locate an distributing agency in your area, contact Marianne Gabriel, SD Office of Highway Safety, at (605) 773-4493 or e-mail address Marianne.Gabriel@state.sd.us.

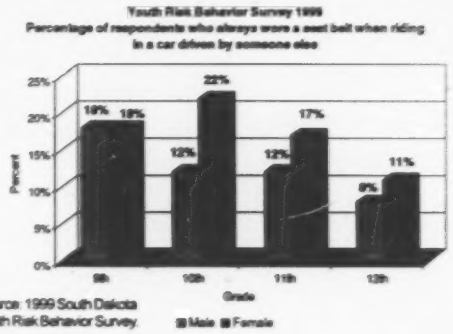
**Adolescent Safety Belt Use**

In 1999, the Youth Risk Behavior Survey (YRBS) added a question asking who always wore a seat belt when driving a car. Twenty-five percent responded that they always wore a seat belt when driving a car. The following chart shows responses by grade level for male and female respondents.


Youth Risk Behavior Survey 1999
Percent of respondents who drove a car and always wore a seat belt when driving
Percent
Grade
Male
Female

Source: 1999 South Dakota Youth Risk Behavior Survey

The percentage of respondents who always wore a seat belt when riding in a car driven by someone else was 15%. The responses by grade level for male and female respondents showed the following:


Youth Risk Behavior Survey 1999
Percentage of respondents who always wore a seat belt when riding in a car driven by someone else
Percent
Grade
Male
Female

Source: 1999 South Dakota Youth Risk Behavior Survey

**Seat Belt Use for Teens/Adults: The Law**

South Dakota has a secondary enforcement safety belt law that applies only to front seat occupants of passenger vehicles. This includes any passenger seated in the middle of the front seat. The safety belt law requires the safety belt system to be properly fastened and adjusted.

South Dakota's law provides for several exceptions to the requirement to wear safety belts. They include:

- If your vehicle was manufactured before September 1, 1973;
- If you have a written statement from your doctor describing a medical reason why you should not wear a safety belt;

- If you are a passenger in a vehicle that was not equipped with safety belts because federal law didn't require them when it was manufactured;
- Any person delivering periodicals or newspapers on an assigned home delivery route or if you are a rural mail carrier for the United States Postal Service, while delivering mail.

**Crash Outcome Data Evaluation System information on injuries and hospital charges**

The Crash Outcome Data Evaluation System (CODES) project links South Dakota accident records with other databases to get a clearer picture of crash data in the state. Crashes tell a portion of the story. The CODES project links hospital charges associated with injuries from crashes to the data as well. The following chart shows the average hospital charges of crashes where no safety equipment was used and when some type of safety equipment was used. The combined 1995 and 1996 data is broken out by age group and whether the person was driving or a passenger.

**Driver Safety Equipment Usage**
**Average Hospital Charges 1995 & 1996**

| Age | No safety equip. used | Safety equip. used* |
|---|---|---|
| | Average | Average |
| 11 - 15 | $3,998 | $1,077 |
| 16 - 20 | $2,482 | $1,035 |

**Passenger Safety Equipment Usage**
**Average Hospital Charges 1995 & 1996**

| Age | No safety equip. used | Safety equip. used* |
|---|---|---|
| | Average | Average |
| 6 - 10 | $2,005 | $ 881 |
| 11 - 15 | $2,307 | $1,340 |
| 16 - 20 | $2,713 | $ 646 |

*Includes Lap Belt Only, Shoulder Harness Only, & Lap Belt & Shoulder Harness

For the years of 1995 and 1996, the average hospitals charges appear to indicate that using safety equipment when involved in a crash will result in a lower cost injury.

SOUTH DAKOTA COALITION FOR CHILDREN

**South Dakota Coalition for Children**
**Proactive Steps for Children's Safety**

To ensure the safety of our children and teens, there are several steps that South Dakotans can take. The South Dakota Coalition for Children recommends:

1. Always secure your child in a proper child restraint that is securely anchored in the back seat when traveling in a motor vehicle.
2. Always buckle **your** seat belt when traveling in a motor vehicle. This ensures your safety and sends a powerful message to your children.
3. As your child grows use an appropriate child restraint system or booster seat for motor vehicle travel.
4. Require your teenager to buckle up when traveling in a motor vehicle.
5. Establish a standard that all passengers in your car must buckle up when traveling with you.
6. Support legislation requiring all passengers to wear safety belts when traveling in passenger vehicles.

Using seat belts and proper child restraints in motor vehicle travel saves lives and reduces the risk of injury to children and adults.

**Protect a life - buckle up!**

Youth related traffic accidents data is from the Department of Transportation, Accident Records Office. 1999 South Dakota Motor Vehicle Traffic Accident Summary.
**www.state.sd.us/dot/publicat.htm**

The Crash Outcome Data Evaluation System (CODES) project links South Dakota accident records with other databases to get a clearer picture of accidents in the state.
**www.usd.edu/brbinfo**

The South Dakota KIDS COUNT Project is a national and state-by-state effort, sponsored by the Annie E. Casey Foundation, to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for children and families. Additional funding for the state project comes from the South Dakota Departments of: Education and Cultural Affairs, Health, Human Services and Social Services. **www.usd.edu/brbinfo then follow the KIDS COUNT link**

The South Dakota Coalition for Children (SDCC) is an advocacy organization that strives to shape policies and programs to ensure the well being of all children in South Dakota. The Coalition is composed of businesses, state and local organizations, and individual members. The SDCC is a member of the National Association of Child Advocates (NACA). The Coalition can be reached at P.O. Box 2246, Sioux Falls, SD 57101-2246, phone: 605.367.9667. **www.sdcchildren.org**

**Additional sources for information:**
**www.safekids.org/**
**www.nhtsa.dot.gov/people/injury/childps/**
**www.injuryprevention.org**

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# Facts on Kids in South Dakota

## CHIP - Children's Health Insurance Program

South Dakota kids count

Issue No. 4 Qtr. 00

*Data and information in this issue are from the South Dakota Department of Social Services and the South Dakota Coalition for Children (SDCC), partners in the **Covering Kids Project**. More information about these organizations can be found at the end of the issue.*

**Introduction**

This is the fourth in a series of **Facts on Kids in South Dakota**. Each issue takes a look at a specific indicator of child well-being. Data and state and federal legislation will be discussed to provide the reader with a broad, yet in-depth view of children and youth in South Dakota. The focus of this issue is the Children's Health Insurance Program - CHIP.

**Health Insurance**

Regular access to health care supports healthy growth and development. Kids without a routine health care provider get sick more often, are less likely to be immunized, and are less likely to get treated for routine illnesses that can turn into serious health problems.

Even children who seem healthy need regular check-ups to treat problems that might undermine their development and performance in school. They need someone to notice if they need glasses, if they hear properly, and if their physical and mental growth is on track. Middle and high school students need guidance as they begin to make decisions that will affect their health and well being for the rest of their lives.

Research shows that about 25% of children without health insurance do not receive the medical care they need. Compared to insured children, uninsured children are four times as likely to have necessary care delayed, and five times as likely to use the emergency room as a regular source of care. Uninsured children are more than twice as likely to NOT have care for recurring ear infections—a condition that can lead to hearing loss if left untreated. Furthermore, uninsured children are less likely to complete their vaccination shots[1].

[1]Source: The Kaiser Commission on Medicaid and the Uninsured. Uninsured in America. A Chart Book, Second Edition, May, 2000, pages 67-71.

Many children, however, do not have access to health care because their parents do not have the benefit of health insurance coverage. Many parents are in jobs that provide no health insurance, e.g., self-employed, part-time workers, or service sector jobs. According to the Kaiser Commission on Medicaid and the Uninsured in America, there were 24,000 uninsured children in South Dakota or almost 12% of children. The same report showed estimates of low-income uninsured children (less than 200% of poverty, less than age 19) 1996-1998, 14,000 children in the state were uninsured or a little more than 18%[2].

[2]Source: Hoffman, C. and Schlobohm, A. (2000) Uninsured in America. A Chart Book, Second Edition. The Kaiser Commission on Medicaid and the Uninsured. The Kaiser source was the Urban Institute estimates based on pooled 1997, 1998, and 1999 Current Population survey.

Medicaid, private health insurance, or other forms of insurance did not cover these children. [It should be noted that the figures include children who were eligible for Medicaid, but who were not enrolled.] What happens to the child in a working poor family not eligible for Medicaid?

**History of CHIP**

As part of the federal Balanced Budget Act of 1997, a program called The Children's Health Insurance Program was created . This program [Public Law 105-33, Subtitle J], amended the Social Security Act by adding Title XXI. The law targeted uninsured children from low and moderate-income families to provide a means of preventing health care costs from consuming an inordinate share of their income. The law also ensured that family income was not a barrier preventing the child from getting care which is comprehensive and preventative. Title XXI is a federal block grant with the amount of CHIP funds available

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to states specified by an allocation formula. Federal funds must be partially matched with state general funds. To obtain these funds, states must assure that the program provides benefits similar to the benefits of one or more of the following:

a. Federal employee health benefits plan
b. State employee health plan
c. The State's largest commercial Health Maintenance Organization (HMO) plan
d. The State's Medicaid program
e. Federal Dept. of Health & Human Services (HHS) approved coverage

**Children who are eligible**

American Indian/Alaskan Native children are eligible for CHIP on the same basis as other children in their state. The eligibility of Indian children for CHIP is not affected by the fact that they may also be eligible for, or are recipients of health care services funded by the Indian Health Service (IHS). In fact, the law specifically exempts programs operated or financed by IHS from the requirement to prevent duplication between CHIP and other federally operated or financed health programs. The law also requires each state to describe, in its CHIP State Plan, the procedures to be used to ensure the provision of child health assistance to targeted low-income children who are American Indians or Alaska Natives. Under federal law, CHIP must provide health coverage to targeted uninsured children. Those children:

- must be less than 19 years of age.
- must have family income at or below 200% of the Federal Poverty Level.
- must not be covered by any other health insurance.
- must not have been covered by a group health plan in the prior three months.
- may not be otherwise eligible for Medicaid.
- must meet certain other non-financial criteria, such as state residency.

The monthly income limits, after deductions for things like child care and child support, are:

| Family size: Parent(s) plus number of children under age 19 | New Monthly Income Limit at 200% of FPL After Deductions |
|---|---|
| One* | $1,392 |
| Two | $1,875 |
| Three | $2,359 |
| Four | $2,842 ($34,104/yr) |
| Five | $3,325 |
| Six | $3,809 |
| Seven | $4,292 |
| Eight | $4,775 |
| | Add $484 for each additional child |

*a child not living with a parent

**CHIP in South Dakota**

South Dakota has chosen Medicaid for its CHIP program. It allows the Department of Social Services to use the existing Medicaid program to administer and deliver benefits. A Medicaid-based expansion also offered more expansive coverage for preventive, dental and optometry services, and participating families are not required to pay premiums for children under 19.

When South Dakota's CHIP began in July 1998, it covered those uninsured children age 6 to 19 who were not eligible for Medicaid and whose family income was up to 133% of the federal poverty guidelines. In 1999, the income eligibility level was raised to 140% of the federal poverty guidelines for children age 0 to 19 who had no insurance.

As of July 1, 2000, the newly expanded State Children's Health Insurance Program (CHIP), representing the largest single expansion of health care benefits to children in South Dakota's history, will cover uninsured children under 19 years of age up to 200% of the federal poverty guidelines ($34,104 for a family of four).

According to the SD Department of Social Services, it is estimated that up to 2,400 more uninsured children under age 19 will become enrolled in CHIP because of the expanded income eligibility requirements. The Current Population Survey (1998) data estimates that South Dakota had 13,000

uninsured children under age 19 whose family income was at or below 200% of the federal poverty guidelines. Since CHIP was implemented in July 1998, DSS outreach efforts have reduced that number by 9,000 (69%), through increases in both CHIP and Medicaid health insurance programs. There are currently 45,618 children receiving assistance, of which 3,516 children are covered under CHIP, and 42,102 children are covered under Medicaid. As a result, 22% of South Dakota children under age 19 are now enrolled in state health care insurance programs, either under Medicaid or CHIP.

**What Services are Covered by CHIP?**

Children enrolled in CHIP receive the same medical services available to Medicaid-eligible children. This includes a full range of preventive and treatment services, including doctor visits, vision care, dental care, prescription drugs, chiropractic care and mental health services. There are no premiums for children under age 18 who become enrolled in the CHIP program.

**CHIP Appropriation**

For state fiscal year 2001 (July 1, 2000 - June 30, 2001), the appropriated CHIP budget, including the new eligibility level, is $5,342,949, with $4,161,623 in federal funds and $1,181,326 is state general funds. South Dakota's CHIP match rate is approximately 78% federal funds and 22% state funds.

**CHIP Administration**

CHIP is being administered by the Department of Social Services (DSS). A three-page application form must be completed. If you have any questions concerning the CHIP program you can contact your local department of social services office or call 1-800-305-3064. Additional information on the Children's Health Insurance Program can be obtained from: South Dakota's Title XXI State Children's Health Insurance Program (CHIP) website: **www.state.sd.us/chip**

## covering Kids

The Robert Wood Johnson Foundation awarded a three-year grant beginning July 2000 to the Community HealthCare Association Inc. to implement a Covering Kids initiative in South Dakota. Guiding the initiative is a statewide Covering Kids Coalition of 35 organizations. The Coalition is working to identify barriers to accessing health care coverage for children and developing outreach, coordination, and simplification strategies to reduce those barriers.

Many families are not aware of CHIP. The Covering Kids project will work to improve the health status of low- and moderate-income children by assuring that children who are eligible for CHIP are enrolled. The statewide project will train representatives of child service agencies, service clubs, and religious and community groups to come together as a team of outreach workers who will identify and enroll children into health insurance coverage programs.

Through Covering Kids, two pilot sites have been established to develop and test strategies to identify and enroll children in CHIP. Pilot site lead agencies are the Augustana College Nursing Department Health Action Model for Community Partnership and the Prairie Lakes Community Health Inc. In addition, the statewide project will work to simplify enrollment processes, coordinate existing coverage programs, and promote CHIP awareness to eligible families statewide.

To learn more about Covering Kids, visit these web sites: **www.coveringkids.org** and **www.communityhealthcare.net/coveringkids**

To ensure healthy children, it is important to spread the word about the Children's Health Insurance Program (CHIP). Those that meet the income requirements and become eligible for CHIP can benefit from a variety of services, including physician visits, prescription medicines, immunizations, limited dental and eye care, and much more.

For more information or to secure an enrollment application, call **1-800-305-3064**.

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South Dakota Department of Social Services, James W. Ellenbecker, Secretary. Visit their website: **www.state.sd.us/social/social.html**

Covering Kids is a national health access initiative for low income, uninsured children. It is a $47 million program of The Robert Wood Johnson Foundation. Founded to help increase the number of eligible children benefiting from health insurance coverage programs, the three primary goals of Covering Kids include: 1) design and conduct outreach programs that identify and enroll eligible children into Medicaid and other health coverage programs; 2) simplify enrollment processes; and 3) coordinate existing coverage programs for low-income children. The national Covering Kids website is: **www.coveringkids.org** and the South Dakota Covering Kids website is: **www.communityhealthcare.net/coveringkids**

The South Dakota KIDS COUNT Project is a national and state-by-state effort, sponsored by the Annie E. Casey Foundation, to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for children and families. Additional funding for the state project comes from the South Dakota Departments of: Education and Cultural Affairs, Health, Human Services and Social Services. **www.usd.edu/brbinfo** then follow the KIDS COUNT link.

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